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1.0 Policy

It is the Policy of the Division of Public and Behavioral Health (DPBH), Substance Abuse, Prevention, and Treatment Agency (SAPTA) that all providers, in accordance with 505 (a) of the Public Health Service Act (42 US code 290aa-4) which directs the Administrator of the Substance Abuse and Mental Health Services Administration (SAMHSA), to collect all pertinent data relating to Targeted Case Management (TCM).

1. All facilities that will be performing Targeted Case Management must be certified by CASAT prior to services being performed.
2. All scopes of work for TCM facilities will need to be revised to include this type of service.
3. Authorization for TCM services will need to be authorized by SAPTA.
 - Based on the **Targeted Case Management Project** document (ATTACHMENT A), the SAPTA provider will submit the **TCM—Eligibility Request Form** (ATTACHMENT B) to SAPTA with back-up documentation (ATTACHMENT C) via the sftp site.
 - SAPTA will review and give authorization for the **TCM Assessment** (ATTACHMENT D) and will authorize the number of monthly hours approved.
4. The facility will then complete the **TCM Assessment** (ATTACHMENT D) and document all TCM activities using the documentation provided by SAPTA, and submit the **TCM Reimbursement Spreadsheet** (ATTACHMENT G) as back-up documentation with their monthly RFR. Also required as attachments to the TCM spreadsheet are the approved eligibility requests for all clients who received TCM services in that month.
5. SAPTA will perform audits as necessary.

NOTE: TCM will not be reimbursed for clients in a 3.5 Level of Care.

ATTACHMENTS:

- A. Targeted Case Management Project
- B. TCM Eligibility Request Form
- C. List of Back-up Documentation
- D. TCM Assessment and Care Plan – (clinical documentation)
- E. TCM DAP Note – (clinical documentation)



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F. TCM Discharge Summary – (clinical documentation)

G. TCM Reimbursement Spreadsheet

Targeted Case Management (TCM) for SAPTA providers must be documented in order for proper monitoring and billing to occur.

All case managers conducting TCM will use the guidelines below to document TCM clients.

Reimbursement:

TCM services (must qualify per below policy) will be reimbursed at \$15.84 per 15 minutes, using HCPCS code G9012.

<i>HCPC</i>	<i>Service Code</i>	<i>Service Type</i>	<i>Unit (1 unit=15min)</i>	<i>Unit Cost</i>
<i>G9012</i>	<i>28TCM</i>	<i>Service Plan Development</i>	<i>15 mins</i>	<i>\$15.84</i>
<i>G9012</i>	<i>29TCM</i>	<i>Client Referral or Linkage</i>	<i>15 mins</i>	<i>\$15.84</i>
<i>G9012</i>	<i>30TCM</i>	<i>Monitor client progress & follow up with other providers</i>	<i>15 mins</i>	<i>\$15.84</i>
<i>G9012</i>	<i>31TCM</i>	<i>Assessment</i>	<i>15 mins</i>	<i>\$15.84</i>



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MODULE ONE ADMISSION AND CONTINUING STAY

This SAPTA approved program is based from: Medicaid Services Manual (MSM), Chapter 2500 (Case Management) - <https://dhcfp.nv.gov/MSM/CH2500/Ch%202500%2012-09-08.pdf>

Objectives

Objective 1: Understand the importance of TCM services in relationship to clients reaching and maintaining their highest level of independent functioning.

Objective 2: Learn admission criteria for TCM services.

Objective 3: Learn continuing stay criteria for TCM services.

1. TCM Goal

Access Services: Help client access needed medical, educational, social, and other support services.

2. Admission Criteria

- ✓ Client requires assistance in obtaining and coordinating medical, educational, social, and/or other support services
- ✓ Client has chosen TCM services and services are voluntarily
- ✓ Client has not been required to participate in other services in order to receive TCM services
- ✓ There is no 'conflict of interest' between the case manager and the direct service providers listed on the care plan
- ✓ Client resides in the community or is transitioning (within 180 days) from a Residential Treatment Center (RTC) into a community setting

3. Continuing Stay Criteria

Documentation reflects ...



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- ✓ Continues to meet admission criteria
- ✓ Unmet TCM Needs: Client continues to require assistance in obtaining and/or coordinating medical, educational, social, and/or other support services
- ✓ Progress towards achieving case management goals identified on the care plan

MODULE TWO

ASSESSMENT FOR NEEDED TCM SERVICES

Objectives

Objective 1: Learn the four needs categories: medical, educational, social, and other support services.

Objective 2: Be able to assess and document TCM needed services: medical, educational, social, and/or other support services.

1. Definition of Assessment

To assess the clients' needs for the following TCM services:

- ✓ Medical
- ✓ Educational
- ✓ Social
- ✓ Other Support Service

2. Information Gathered for Assessment

- ✓ Client
- ✓ Sources including: social workers, primary care providers, educators, family members, friends, etc.
- ✓ Client records:
 - ASAM



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Note: Periodic reassessments must be completed when needed (life-changing event) and/or at least annually.



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MODULE THREE

PLAN TO ACCESS NEEDED TCM SERVICES

Objectives

Objective 1: Be able to define and explain the importance of person-centered planning.

Objective 2: Be able to define and differentiate goals and actions.

Objective 3: Be able to create and document a care plan to access needed TCM services: medical, educational, social, and other support services.

1. Person-Centered Planning

- ✓ Working with client to establish their goals, actions, and create care plan to respond to their assessed needs
- ✓ Individualized approach: Seeing each person as unique
- ✓ Seeking personal strengths
- ✓ With a client's approval and based on a signed release, working with other sources (i.e., family members, medical providers, therapists, social workers, educators, etc.) to establish goals and actions and create care plan

2. Goals and Actions

- ✓ Goals: Access needed medical, educational, social, and/or other support services
- ✓ Actions: Steps to achieve goals
 - What barriers exist that may prevent them from reaching their highest level of independent functioning?

Examples:

Goal 1: "I want to find a low-cost apartment"

· *Action 1: Linkage/referral to public subsidized housing*

·

Goal 2: "I want to get a job"

· *Action 1: Linkage/referral to Workforce Strategies seminar/training*



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- *Action 2: Linkage/referral and monitor/follow-up to Nevada JobConnect*
- *Action 3: Linkage/referral and monitor/follow-up with Voc Rehab*

3. Care Plan Template

MODULE FOUR

REFERRAL AND LINKAGE TO NEEDED TCM SERVICES

Objectives

Objective 1: Learn how and when to refer clients to organizations/individuals for needed TCM services.

Objective 2: Learn how and when to link clients to organizations/individuals for needed TCM services.

1. TCM Services

TCM services are provided face-to-face or by telephonic means (Tele-TCM).

Note: Emails and texts are not allowed within the provision of TCM services

2. Referral and Linkage

- ✓ Referring or linking clients to needed medical, educational, social, and/or other support services as identified in the Care Plan.
 - Finding and researching referral sources (what services the organization/ agency provides)
 - Referring clients to services and/or agencies (providing name/ contact information of the organization/ person)
 - How will the organization and/or individual service benefit the client
 - Phone calls to coordinate services with referral organizations/ people



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- Scheduling appointments

3. Referral

- ✓ The process of referring clients to a specific organization and/or individual for identified needed TCM services
- ✓ Ensure client is able to independently follow through or has supports in place to complete this task
- ✓ Process is facilitated by the case manager but client initiated
 - e.g., Client arranges the first meeting/visit/appointment after being referred to a service by the case manager

4. Linkage

- ✓ The process of linking (connecting) clients to a specific organization and/or individual for a needed TCM service.
- ✓ Process is TCM initiated
- ✓ Process is **more** involved
 - e.g., the case manager arranges the first meeting/visit/appointment (see Warm Handoff below).
- ✓ Warm Handoff: Process of acquainting clients with the organizations and/or individuals you are linking them to.
 - Call (link) the person/organization while the client is with you whenever possible
 - Inform the client about the person and/or organization they are to meet/speak with; make sure to provide written contact information

5. Documentation – TCM Templates



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- ✓ Referral and linkage to needed TCM services identified on the care plan
- ✓ Use the following action verbs (under Description):
 - 'Referred John Smith to ...'
 - 'Linked John Smith with ...'



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MODULE FIVE

MONITOR AND FOLLOW-UP ON NEEDED TCM SERVICES

Objectives

Objective 1: Be able to conduct and document monitor and follow-up on referred/linked needed TCM services.

Objective 2: Learn required elements of a DAP note.

Objective 3: Be able to write a TCM progress note.

1. Monitor and Follow-Up

Activities and contacts that are necessary to ensure that the needed service or services meet the desired goals and/or actions in the care plan.

Note: During monitor and follow-up, you may contact your client, the referring agency, anyone who helped you with the assessment and/or care plan. Be sure you have signed HIPAA compliant releases.

2. Monitor

- ✓ Ensure care plan is going as intended
- ✓ Ensure goals and actions are being achieved
- ✓ Adjust care plan and/or goals and actions if needed

3. Follow-Up

- ✓ Follow-up with client and/or family members and other sources
- ✓ Follow-up with referral organizations and/or persons
- ✓ Adjust care plan and/or goals and actions if needed

4. Documentation

- ✓ Monitor and follow-up on the effectiveness of referrals
 - Were goals and actions specified in the plan achieved?



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- Were the client's needs satisfied?
 - Does the care plan require changes?
 - Has the client declined services listed in the care plan?
 - The need for and occurrences of coordination with case managers of other programs.
 - Ensure documented coordination of care with other DPBH providers
- ✓ Use the following action verbs (under Description):
- a. 'Monitored care plan progress on goals X and X ...'
 - b. 'Followed-up with XXX ...'

5. DAP Note

- ✓ Data/Description: Type of TCM service provided (i.e., what you did). There are only four TCM actions: assess for needed TCM services, create a care plan to access needed TCM services, refer and link to organizations/people, monitor and follow-up on referrals/care plan effectiveness.
- "Worked with client to **assess** for needed medical, educational, social, and other support services...."
 - "Worked with client to create care **plan** for needed medical, educational, social, and other support services...."
 - "Made appointment (**linked**) for John Smith with Nevada Job Connect. Appointment is on July 15 2014 at 4:00 pm. Contacted client by telephone and informed him of the appointment. Client related that he would be at the appointment...."
 - "**Followed up** with client and/or referring agency and/or provider...."



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- ✓ Assessment: Assess status of established goals
 - Did the client make it to arranged appointments? If not, what happened?
 - Did the appointment satisfy the need?

- ✓ Plan/Care Plan: What's next? Use this section to address actions that must occur in order to satisfy the agreed upon goals. Address emergent and/or fleeting actions necessary to access needed TCM services.

Note: Only address TCM services and actions in your TCM progress notes (i.e. do not include transportation, application completion or other non-TCM services).

6. Review TCM Progress Note Template



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MODULE SIX

DISCHARGE PLANNING

Objectives

Objective 1: Learn discharge criteria.

Objective 2: Be able to conduct and document discharge planning.

1. Purpose of Discharge Planning

Helps clients transition from TCM services to other services and/or independent functioning. Discharge plan is to ensure client has access to needed services.

2. Discharge Process

- ✓ Begins when you first meet with the client
- ✓ Ongoing
- ✓ Includes transition plan: What happens after TCM services end?

3. Discharge Criteria

- ✓ No longer meet admission and continuing stay criteria
- ✓ Client chooses no longer to participate
- ✓ Client is non-compliant or not making progress
- ✓ Client has been admitted to psychiatric hospital, institution for mental disease (IMD), nursing facility
- ✓ Client has sufficient support system to sustain stability

4. Review TCM Discharge Template



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Attachment One Non-TCM Services

1. Direct delivery services (i.e., to include but not limited to services identified on the care plan)
Examples: basic skills training (BST) or psychosocial rehabilitation (PSR).
 - Training in daily living skills
 - Training in work skills and social skills
 - Grooming and other personal services
 - Training in housekeeping, laundry, cooking
 - Individual, group or family therapy services
 - Crisis intervention services
 - Diagnostic testing and assessments
 - Paying bills and/or balancing the individual's checkbook
 - Providing child care so the individual can access services
 - Attending appointments with clients
2. Case Management services provided to clients in inpatient hospitals when the clients are between the ages of 22 and 64
3. TCM/medical services provided to clients who are inmates of a public institution
4. Personal care services:
 - Examples: hygiene, transportation.
5. Traveling/escorting/transporting to and from appointments; with and without other clients
6. Completing applications for any type of service

Note: See TCM/RMH Service Grid (Attachment Two)

References:

Medicaid Services Manual, Chapter 2500, Case Management:
<https://dhcfp.nv.gov/MSM%20Table%20of%20Contents.htm?Accept>



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Medicaid Services Manual, Chapter 400, Mental Health and Alcohol/Substance Abuse Services:
<https://dhcfp.nv.gov/MSMarchives.asp?StartDir=MSM/Archives/CH0400>

Medicaid Services Manual, Chapter 1900, Transportation Services:
<https://dhcfp.nv.gov/MSMarchives.asp?StartDir=MSM/Archives/CH1900>



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Attachment Two TCM/ RMH Services Grid

	TCM	Rehabilitative MH Services	Other	Medicaid Services Manual Chapter
SED, Non-SED, SMI, and Non-SMI Determinations		X		MSM 400
Step 1: Assessment for Needed TCM Services: Medical, Educational, Social, and Other Support Services	X			MSM 2500
Step 2: Plan to Access Needed TCM Services	X			MSM 2500
Step 3: Referral/ Linkage to Needed TCM Services	X			MSM 2500
Step 4: Monitor/ Follow-Up on Needed TCM Services	X			MSM 2500
Basic Skills Training: ✓ Basic Living and self-care skills, ✓ Social Skills, ✓ Communication Skills ✓ Parental training skills, ✓ Organizational and time management skills, and ✓ Transitional living skills		X		MSM 400
Activities of Daily Living (ADL)			X	Medicaid Waivers
Psychosocial Rehabilitation (PSR): ✓ Behavior management, ✓ Social competency, ✓ Problem identification and resolution, ✓ Effective communication ✓ Moral reasoning, ✓ Identity and emotional intimacy, ✓ Self-sufficiency, ✓ Life goals, and		X		MSM 400



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✓ Sense of humor				
Program for Assertive Community Treatment (PACT)		X		MSM 400
Peer-to-Peer Support: ✓ Help to stabilize the individual, ✓ Assist during crisis situations and interventions, ✓ Provide personal encouragement, self-advocacy, self-direction training and peer mentoring, ✓ Provide preventative care assistance, and ✓ Help access community based or behavioral health services		X		MSM 400
Crisis Intervention		X		MSM 400
Transporting clients to medical appointments			X	MSM 1900
Traveling to and from appointments with or without clients			X	
Completing applications				Administrative function

Attachment Three

Authorities

Definitions

Sec. [1905](#). [42 U.S.C. 1396d] For purposes of this title—but whose income and resources are insufficient to meet all of such cost—[\(19\)](#) case management services (as defined in section [1915\(g\)\(2\)](#)) and TB-related services described in section [1902\(z\)\(2\)\(F\)](#);

Provisions Respecting Inapplication and Waiver of Certain Requirements of this Title

Sec. [1915](#). [42 U.S.C. 1396n]

[\(g\)\(1\)](#) A State may provide, as medical assistance, case management services under the plan without regard to the requirements of section [1902\(a\)\(1\)](#) and section [1902\(a\)\(10\)\(B\)](#). The provision



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of case management services under this subsection shall not restrict the choice of the individual to receive medical assistance in violation of section [1902\(a\)\(23\)](#). A State may limit the provision of case management services under this subsection to individuals with acquired immune deficiency syndrome (AIDS), or with AIDS-related conditions, or with either, or to individuals described in section [1902\(z\)\(1\)\(A\)](#) and a State may limit the provision of case management services under this subsection to individuals with chronic mental illness. The State may limit the case managers available with respect to case management services for eligible individuals with developmental disabilities or with chronic mental illness in order to ensure that the case managers for such individuals are capable of ensuring that such individuals receive needed services.

(2) For purposes of this subsection, the term “case management services” means services which will assist individuals eligible under the plan in gaining access to needed medical, social, educational, and other services.

STATE PLANS FOR MEDICAL ASSISTANCE

Sec. 1902. [42 U.S.C. 1396a] (a) A State plan for medical assistance must—

(1) provide that it shall be in effect in all political subdivisions of the State, and, if administered by them, be mandatory upon them;

(10) provide—(B) that the medical assistance made available to any individual described in subparagraph (A)—(i) shall not be less in amount, duration, or scope than the medical assistance made available to any other such individual, and

(ii) shall not be less in amount, duration, or scope than the medical assistance made available to individuals not described in subparagraph (A);



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DRA of 2005/Section 6052

REFORMS OF CASE MANAGEMENT AND TARGETED CASE MANAGEMENT

(a) IN GENERAL.—Section 1915(g) of the Social Security Act

(42 U.S.C. 1396n(g)(2)) is amended by striking paragraph (2) and inserting the following:

“(2) For purposes of this subsection:

“(A)(i) The term ‘case management services’ means services which will assist individuals eligible under the plan in gaining access to needed medical, social, educational, and other services.

“(ii) Such term includes the following:

“(I) Assessment of an eligible individual to determine service needs, including activities that focus on needs identification, to determine the need for any medical, educational, social, or other services. Such assessment activities include the following:

“(aa) Taking client history.

“(bb) Identifying the needs of the individual, and completing related documentation.

“(cc) Gathering information from other sources such as family members, medical providers, social workers, and educators, if necessary, to form a complete assessment of the eligible individual.

“(II) Development of a specific care plan based on the information collected through an assessment, that specifies the goals and actions to address the medical, social, educational, and other services needed by the eligible individual, including activities such as ensuring the active participation of the eligible individual and working with the individual (or the individual’s authorized health care decision maker) and others to develop such goals and identify a course of action to respond to the assessed needs of the eligible individual.

“(III) Referral and related activities to help an individual obtain needed services, including activities that help link eligible individuals with medical, social, educational providers or other programs and services that are capable of providing



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needed services, such as making referrals to providers for needed services and scheduling appointments for the individual.

“(IV) Monitoring and follow-up activities, including activities and contacts that are necessary to ensure the care plan is effectively implemented and adequately addressing the needs of the eligible individual, and which may be with the individual, family members, providers, or other entities and conducted as frequently as necessary to help determine such matters as—

“(aa) whether services are being furnished in accordance with an individual’s care plan;

“(bb) whether the services in the care plan are adequate; and

“(cc) whether there are changes in the needs or status of the eligible individual, and if so, making necessary adjustments in the care plan and service arrangements with providers.

“(iii) Such term does not include the direct delivery of an underlying medical, educational, social, or other service to which an eligible individual has been referred, including, with respect to the direct delivery of foster care services, services such as (but not limited to) the following:

“(I) Research gathering and completion of documentation required by the foster care program.

“(II) Assessing adoption placements.

“(III) Recruiting or interviewing potential foster care parents.

“(IV) Serving legal papers.

“(V) Home investigations.

“(VI) Providing transportation.

“(VII) Administering foster care subsidies.

“(VIII) Making placement arrangements.



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“(B) The term ‘targeted case management services’ are case management services that are furnished without regard to the requirements of section 1902(a)(1) and section 1902(a)(10)(B) to specific classes of individuals or to individuals who reside in specified areas.

“(3) With respect to contacts with individuals who are not eligible for medical assistance under the State plan or, in the case of targeted case management services, individuals who are eligible for such assistance but are not part of the target population specified in the State plan, such contacts—

“(A) are considered an allowable case management activity, when the purpose of the contact is directly related to the management of the eligible individual’s care; and

“(B) are not considered an allowable case management activity if such contacts relate directly to the identification and management of the non-eligible or non-targeted individual’s needs and care.

“(4)(A) In accordance with section 1902(a)(25), Federal financial participation only is available under this title for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program.

“(B) A State shall allocate the costs of any part of such services which are reimbursable under another federally funded program in accordance with OMB Circular A-87 (or any related or successor guidance or regulations regarding allocation of costs among federally funded programs) under an approved cost allocation program.

“(5) Nothing in this subsection shall be construed as affecting the application of rules with respect to third party liability under programs, or activities carried out under title XXVI of the Public Health Service Act or by the Indian Health Service.”.

(b) REGULATIONS.—The Secretary shall promulgate regulations to carry out the amendment made by subsection (a) which may be effective and final immediately on an interim basis as of the date of publication of the interim final regulation. If the Secretary provides for an interim final regulation, the Secretary shall provide for a period of public comments on such regulation after the date of publication. The Secretary may change or revise such regulation after completion of the period of public comment.

(c) EFFECTIVE DATE.—The amendment made by subsection (a)



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shall take effect on January 1, 2006.

42 CFR: PART 440—Services; General Provisions

Subpart A—Definitions

§ 440.169 Case management services.

- (a) *Case management services* means services furnished to assist individuals, eligible under the State plan who reside in a community setting or are transitioning to a community setting, in gaining access to needed medical, social, educational, and other services, in accordance with § 441.18 of this chapter.

42 CFR: PART 441—Services: Requirements and Limits Applicable to Specific Services

Subpart A—General Provisions

§ 441.18 Case management services.

(a) If a State plan provides for case management services (including targeted case management services), as defined in § 440.169 of this chapter, the State must meet the following requirements:

- (1) Allow individuals the free choice of any qualified Medicaid provider within the specified geographic area identified in the plan when obtaining case management services, in accordance with § 431.51 of this chapter, except as specified in paragraph (b) of this section.
- (2) Not use case management (including targeted case management) services to restrict an individual's access to other services under the plan.
- (3) Not compel an individual to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services.